



Water Compliance Inspection Report

Section A: National Data Coding (i.e., PCS)

Transaction	Code	NPDES	yr / mo / dy	Inspection Type	Inspector	FacType																				
1	N	2	5	3	T	N	0	0	7	8	5	5	7	1	0	0	3	0	8	17	18	=	19	S	20	3
Remarks																										
21. C & C P O U L T R Y C L A S S I																										
Inspection Work Days Facility Self-Monitoring Evaluation BI QA Reserved																										
67 0 0 1 69 70 3 71 N 72 N 73 74 75 80																										

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)	Entry Time / Date	Permit Effective Date
C & C Poultry	1:00 / 8 MAR 10	16 MAR 07
3165 Stockton Road	Exit Time / Date	Permit Expiration Date
Jamestown, TN 38556	2:45 / 8 MAR 10	31 AUG 09
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data (e.g., SIC NAICS, and other descriptive information)	
Sam Crooks 931-879-5060	Receiving Stream: Foster Branch	
Fax:	6 Poultry Houses	
Name, Address of Responsible Official/Title/Phone and Fax Number	No Water Quality Issues	
Sam Crooks	Permit and CNMP On-site	
3165 Stockton Road	Third Party Transfer Records On-site (All used on this farm as per CNMP)	
Jamestown, TN 38556	Litter and Soil Analysis Current	

<input checked="" type="checkbox"/> Permit (Draft)	<input checked="" type="checkbox"/> Self-monitoring Program	<input type="checkbox"/> Pretreatment Program	<input type="checkbox"/> MS4
<input checked="" type="checkbox"/> Records / Reports	<input type="checkbox"/> Compliance Schedule	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input type="checkbox"/> Effluent / Receiving Waters	<input checked="" type="checkbox"/> Operation & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling / Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Name (s) and Signature(s) of Inspector(s)	Agency / Office / Phone and Fax Numbers	Date
James Hartman	Tennessee Division of Water Pollution Control	9 MAR 10
	Cookeville Environmental Field Office	
	931/432-4015 / 931/432-6952 (FAX)	
Signature of Management Q A Reviewer	Agency / Office / Phone and Fax Numbers	Date
Robert Howard	Tennessee Division of Water Pollution Control	9 MAR 10
	Cookeville Environmental Field Office	
	931/432-4015 / 931/432-6952 (FAX)	